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Under the Pap	uired to r	respond to a collection of information unless it displays a valid OMB control number							
	L	Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/808,411-Conf. #5118			
FEE TRANSMITTAL				Filing Date		March 25, 2004			
For FY 2009				First Named Inventor Toshihiro MORI					
FOI F 1 2009				Examiner Name F. W. L		F. W. Lu			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1634		1634			
TOTAL AMOUNT	(\$) 130.00		Attorney Docket No.		0649-0994PUS1				
METHOD OF PAYMENT (check all that apply)									
Check	Credit Card	Money Order	None	e Other (please identi	ify):			
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of x Credit any overpayments									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
T. BASIC FILING	•	LING FEES		RCH FEES	FXAMI	NATION FEES			
		Small Entity	U	Small Entity		Small Entity			
Application Type	oe <u>Fee (\$</u>	<u>Fee (\$)</u>	Fee (\$)		Fee (\$)		Fees F	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	,		
Provisional	220	110	0	0 -	0	0			
2. EXCESS CLAIM FEES Small Entit									
Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues)							52	26	
Each independen	t claim over 3 (incl	uding Reissues)				220	110		
Multiple dependent claims 390 195									
Total Claims			Fe	ee Paid (\$) <u>Multi</u>		Multiple Depende	ltiple Dependent Claims		
31 -	36 or HP 0	x 52.00 =		0.00	<u>F</u>	ee (\$) <u>F</u>	ee Paid (\$	<u>s)</u>	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claim	s Fee (\$)	Fe	e Paid (\$)					
23	or HP = 0	× 220.00 =		0.00	,				
HP = highest numb	er of independent claims	paid for, if greater than 3	3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets				dditional 50 or frac			Fee	Paid (\$)	
100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									
SUBMITTED BY Signature	(At A)	(V) /#1/35	535	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 20	5-8000	
	ame (Print/Type) Marc S. Weiner				-	Date	June 24, 2009		